

ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 02 Issue 11

August 2002



Message from the Chief



This month, I would like to highlight the significant contributions of MG Nancy Adams, who recently had a change of command ceremony at Tripler Army Medical Center on 17 June 2002. She was the Commander, Tripler Army Medical Center for four years, along with her other professional positions of Commander, Pacific Regional Medical Command, TRICARE Pacific Lead Agent, U.S. Army Pacific Surgeon and the Professional Filler Commander (PROFIS) for the 18th Medical Command, Korea.



MG Adams, LTG Peake and BG(P) Webb, Tripler Army Medical Center
Change of Command Ceremony

Here are some of the highlights of MG Adams' career:

- MG Adams began her career in 1967. Her assignments have included serving as the Lead Agent for TRICARE Region VII; Chief Nurse, Frankfurt Army Regional Medical Center; Staff Assistant, Professional Affairs and Quality Assurance for the Office of the Assistant Secretary of Defense (Health Affairs); Assistant Inspector General; and Director of the Intensive Care Nursing Course.
- MG Adams served as the 19th Chief of the Army Nurse Corps from November 1991 to December 1995. Prior to becoming chief, she served as Nursing Consultant to The Surgeon General for two years.
- She is the first Army nurse and female general officer to command an Army Medical Center.
- MG Adams was the first Army nurse to be promoted to the rank of major general.
- At her change of command on 17 JUN 2001, she was the highest-ranking female in the Army and one of only nine female generals out of the Army's 332 general officers.

The Army Nurse Corps salutes MG Nancy Adams as she transitions to her new role as the Senior Advisor, Next

Generation of TRICARE in Denver, Colorado. Her many contributions to Army Nursing and the Army Medical Department over the past 35 years have had a positive and lasting impact on our profession and the successes of Army Nursing and Army Medicine. All of us in the Army Nurse Corps congratulate her on her new position and thank her for all that she has contributed to the ANC and the AMEDD. MG Nancy Adams will soon serve as senior advisor to the Director, TriCare Management Activity and play a key role in the roll out of two critical additional elements of Military Health System transformation: new contracts and the new regional governance structure.

I want to also say farewell to two of our Army Nurse Corps Staff Officers who have worked diligently in the Corps Chiefs Office supporting me, COL Gustke and the entire Army Nurse Corps. The first is LTC(P) Margaret Bates in the D.C. office, who was instrumental in managing the CJ Reddy Junior Leaders Conference and the 100th Anniversary Celebration. She moves to Ft. Benning, Georgia to serve as the Assistant Chief Nurse. The second is LTC Ellen Forster in the San Antonio office, who was instrumental in coordinating the Army Nurse Corps Strategic Issues Conference for the Deputy Commanders of Nursing and Chief Clinical NCOs. She moves to Ft. Belvoir, Virginia to serve as the Assistant Chief Nurse. They both worked daily on Corps sensitive issues, projects, and congressional testimony, coordinating actions with the highest governmental and TriService agencies. I want to personally thank both of them for all their hard work and the selfless dedication they have given to the Office of the Chief of the Army Nurse Corps over the past two years. I know you join me in wishing them the best of luck as they transition to their new roles. COL Gustke and I wish them much success in their future endeavors.

The Corps Chief's Office
also welcomes aboard LTC
Kelly Wolgast, coming from

Office of the Chief, Army Nurse Corps

Fort Sam Houston Office

COL Deborah Gustke
LTC Yolanda Ruiz-Isales
MAJ Laura Feider
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AN Web Site:
www.armymedicine.army.mil/otsg/nurse/index.htm

ANC Branch PERSCOM:
www.perscomonline.army.mil/orphsdan/default.htm

ANC Newsletter Article Submissions

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Laura Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to edit and review any item submitted for publication after their nursing chain of command reviews the article.

Brooke Army Medical Center where she served as a Head Nurse and Senior Instructor, Nursing Education. LTC Wolgast will replace LTC(P) Bates in the DC office. A warm welcome also to LTC Yolanda Ruiz-Isales who just completed her assignment as the Executive Officer for the 5th AMEDD Recruiting Detachment and replaces LTC Forster in the San Antonio office.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

The direct address for our web page is:
www.perscomonline.army.mil/ophsdan/default.htm. Please visit our website to learn more about the AN Branch and for matters pertaining to your military career.

Personnel Changes at AN Branch

MAJ Patrick Ahearne replaces LTC Sherie Haga-Hogston in August 2002. He will be the PMO for MAJ and CPT(P) 66H, 66H8A, 66HM5, and all ranks 66P. MAJ Ahearne is coming from Camp Casey, Korea as the Chief Nurse. He previously served as the ANC Fellow at Fort Sam Houston, TX. He received his MS from University of Maryland at Baltimore and his BSN at University of Michigan.

Upcoming Boards

| | |
|------------------|----------------------------------|
| 23 - 26 Sep 2002 | Chief Nurse Advisory Board |
| 01 - 11 Oct 2002 | MAJ AMEDD |
| 30 Oct 2002 | LTHET Board (Anesthesia Nursing) |
| Nov 2002 | LTC Command Board |
| Dec 2002 | COL Command Board |

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click "Hot Topics" and then select MILPER Messages.

FY02 Chief Nurse Advisory Board: 23-26 September 2002. Eligibility: LTC(P) or higher, have less than 336 months AFCS as of 1 June 2002; Masters Degree; MEL 4 or higher; no approved retirement; not under suspension of favorable personnel actions; and a minimum two years time on station.

Projected Chief Nurse vacancies for summer FY03:

MEDCEN: Landstuhl Regional Medical Center (Germany) and 18th Medical Command (Korea).

TO&E Group: 44th Medical Brigade (Ft Bragg).

Large MEDDAC: Fort Benning, Fort Campbell, and Fort Hood

Medium MEDDAC: Fort Wainwright (Alaska), Fort Riley, Fort Sill, West Point, Fort Belvoir, Fort Eustis, Fort Leonard Wood, Fort Irwin, Fort Stewart, Heidelberg, and Wuerzburg.

Small MEDDAC: Fort Huachuca, Fort Meade, and Redstone Arsenal. The POC is COL Sharon Feeney-Jones, DSN 221-2395, e-mail feeneys@hoffman.army.mil.

LTHET

The LTHET Board recently finished. I applaud your hard work and patience over the past few months as we worked together to prepare your board files. ***AN Branch notifies Chief Nurses of the board results (usually September). Officers should NOT call branch for results.** AN Branch will send officers selected for school a letter of congratulations and a LTHET Agreement. The Agreement confirms the officer's selected specialty, tuition cap guidelines, and Active Duty Service Obligation (ADSO).

Please note the following:

| Degree/Specialty | Length of Programs | ADSO |
|---------------------------------------------------------|--------------------|-----------|
| MSN | 21 months | 4 years |
| CHN/MPH | 24 months | 4 years |
| Midwifery | 24 months | 4 years |
| FNP | 24 months | 4 years |
| Baylor | 24 months | 4 years |
| Anesthesia | 30 months | 4.5 years |
| Ph.D. in Nursing | 36 months | 5 years |
| Ph.D. in Sciences | 48 months | 6 years |
| Tuition Cap \$3000/Semester or \$2250/Quarter | | |

Officers selected to attend civilian schools apply and seek acceptance to a civilian school in the Jan/Feb 2003 timeframe. An official letter of acceptance must be received at AN Branch NLT Feb/Mar 2003. *Anesthesia programs (UTHHSC & USUHS), FNP & Perioperative programs (USUHS), and the Baylor program start in early June, while civilian MSN/Ph.D. programs start the last week of August or early September. Officers report to school 10 days before the first day of classes (not orientation).

Officers who submitted waiver requests and were approved must satisfy those obligations before attending school (i.e. must attend Officer Advanced Course, accept Regular Army or Voluntary Indefinite status etc.).

Coordinate with your Chief Nurse to attend an Officer Advanced Course that causes the least disruption to the unit/organization. Potential OAC dates include:

*06 January 2003 – 11 March 2003

*09 July – 10 September 2003 (Only an option if school starts late in September)

***The information above is provided for general planning purposes. Dates are subject to change.**

News Flash:

AN Branch is adding a **second 66F LTHET Board**. The purpose of this (new) board is to select additional Anesthesia Nursing applicants. Branch **did not** receive enough qualified Anesthesia Nursing applicants for the FY03 school year to meet our Objective Force Model requirements. We need your help to get a minimum of 15 additional **qualified** officers to

submit packets for the (new) board. The (new) board is scheduled for 30 October 2002. **Packets are due to Branch NLT 16 October 2002.** Officers who submitted applications for the 29 July - 2 August LTHET Board will not be affected by the additional board or its results. Officers selected by the (new) board will attend the Army's UTHSC Anesthesia Program in June 2003.

Applicants must meet current FY03 LTHET Guidelines requirements. The best-qualified applicants are those with an overall 3.0 GPA, a science GPA of 3.0, a GRE > 1500, a solid performance record, and favorable promotion potential. Critical care experience is strongly recommended, but not a requirement for the board. Officers who do not have critical care experience are required to PCS early to BAMC to obtain critical care familiarization before the start of class, if your facility (or region) cannot provide the training. **AN Branch will consider all waiver requests. Officers who started the application process for the 29 July - 2 August board but did not follow through are highly encouraged to complete a packet for the (new) board.** Direct Accessions are eligible. Contact MAJ Lang ASAP at 703-325-2397 if you are interested.

Congressional Fellowships

The Army Congressional Fellowship Program provides (Major and Lieutenant Colonel) officers an opportunity to obtain training experiences that will markedly enhance their value to the Army and set them apart from their peers. Nominations are due at AN Branch (MAJ Lang) **NLT 18 September 2002.** If selected, the officer will participate in the Fellowship from September 2003 – November 2004. Contact MAJ Lang to assist in preparing your file or access the AN Branch website for guidance. AN Branch cannot accept late nominations, so do not delay in preparing your file.

White House Fellowship

Each year, the President's Commission on White House Fellows selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Officers will be assigned to a senior White House official, Cabinet Secretary, or deputy. Nominations are due at AN Branch **NLT 15 November 2002.** Contact MAJ Lang to assist in preparing your file or access the AN Branch website for guidance. AN Branch cannot accept late nominations, so do not delay in preparing your file.

Short Courses

To find out the updated class schedule, please visit the Army Nurse Corps branch web site at <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>

To find the latest course schedules for military short courses check the following web sites:

Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (C4A): www.dmrta.army.mil

Chemical Casualty Course: www.ccc.apgea.army.mil
HNLC and ANLC: www.dns.amedd.army.mil/ANPD/index.htm

The Department of Nursing Science, AMEDDC&S Head Nurse Leadership Development Course is scheduled for **18 - 30 August 2002. Please note the course date change.** There are seats and funding available. Contact MAJ Lang to register.

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to pass the course.

Officer Advanced Course

Officers must complete both phases of OAC within two years of phase 1 enrollment. Previous guidance stipulated that the officer must enroll in phase 2 within two years of phase 1 enrollment. Officers who followed the previous guidance were not negatively impacted by the timeline, nevertheless, officers who are currently enrolled or planning to enroll should plan according to the updated guidance. The Officer Advanced Courses scheduled for September is full and the January course is filling fast. Please note that the March course is a popular course and fills fast as well, because officers who PCS and/or are scheduled for LTHET use this course in route to their assignments.

AN Branch is not responsible for generating the fund citation or DA 1610 for an officers TDY to the Officer Advanced Course. Each installation is provided (MTSA) funds that are used for paying for an officer's Officer Advanced Course attendance. Officers scheduled for OAC should contact the (MTFs) Education Officer to assist with obtaining a MTSA fund cite and orders. Officers should not report to the AMEDD Officer Advanced Course without being confirmed a seat in the Army Training Requirements and Resources System (ATRRS). Officers who report to OAC without proper registration are subject to being returned to their unit. Officer Advanced Course dates are posted at: <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>.

CGSC and CAS3 through the Reserves

The Non-resident Command and General Staff College and Combined Armed Staff Services School is an excellent way to fulfill Military Education Level requirements when residence schooling is not an option. Plan early. Fax DA 3838 to MAJ Gary Lang at DSN 221-2392, com. 703-325-2392. Non-resident CGSC is centrally funded, however, non-resident CAS3 is funded by your installation MTSA (similar to Officer Advanced Course). Both CGSC and CAS3 are popular programs, so seats and funding deplete early. Individual facilities can elect to fund an officer for CGSC if central funding is not available. MAJ Gary Lang is the POC for CGSC and CAS3 registration.

If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO PRIOR to discuss your plan.

Generic Course Guarantee

Information on GCG is located in our website (<http://www.perscom.army.mil/ophsdan/profdevt.htm>).

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course: LTC Diaz-Hays at diazf@hoffman.army.mil
Psychiatric-Mental Health and OB-GYN Nursing Course Manager: MAJ Agin at agind@hoffman.army.mil

Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Diaz-Hays at diazf@hoffman.army.mil or MAJ Agin at agind@hoffman.army.mil.

Congratulations letters were forwarded to Critical Care and Emergency Nursing Courses selects. Course dates are 04 November 2002 to 14 March 2003.

Calling all Psychiatric nurse wanna-be's! There is an OCT 02-FEB 03 Psychiatric-Mental Health Nursing course at WRAMC and we are looking for applicants for this course. If you are interested, please contact your Chief Nurse or MAJ Agin at agind@hoffman.army.mil.

There are 3 seats available for the NOV 02 OB-GYN Nursing course. Need applications ASAP. Please contact your Chief Nurse or MAJ Agin at agind@hoffman.army.mil if you are interested or need more information.

Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.
Community Health Nursing Manager: MAJ Agin at agind@hoffman.army.mil.

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY02 AOC/ASI Course dates are listed at <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>.

Assignment Opportunities for 66F and 66E

Assignment opportunities are available for 66Fs and 66Es in a variety of locations, please check our website at <https://www.perscomonline.army.mil/OPhsdan/assignments.htm>. For these and other opportunities, please inquire to LTC Newman ASAP, newmanj@hoffman.army.mil.

Assignment Opportunities for 66B MAJ or Above

Assignment opportunities are available for winter 03 at Fort Rucker, Alabama. There are also assignment opportunities for summer 03 at West Point and at Fort Belvoir, VA.

Assignment Opportunities for 66B-All Grades

There are assignment opportunities available immediately and for summer 03 at Landstuhl, Germany.

Assignment Opportunities for 66G CPT or Below

Assignment opportunities are immediately available for 66G's for Fort Wainwright, Alaska; Fort Irwin, California; Fort Riley, Kansas; and Fort Hood, TX.

Assignment Opportunities for 66G8D

There is a position opening for spring 2003 for 66G8D at Fort Drum, NY. There are also positions opening for summer '03 at Fort Campbell and Fort Knox.

Assignment Opportunities for 66C CPT or Below

Assignment opportunities are immediately available for 66C's at Walter Reed Army Medical Center and Landstuhl, Germany.

Assignment Opportunities for 66C7T CPT

Assignment opportunity is immediately available for a 66C7T CPT with the 86th CSH at Fort Campbell, Kentucky.

*Please contact MAJ Doreen Agin, agind@hoffman.army.mil, for details on 66B, 66G, 66G8D, 66C, and 66C7T openings.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC (El Paso, TX), Ft. Polk, LA, Ft. Irwin, CA, Ft. Jackson, SC, and Alaska. If interested, please contact LTC Diaz-Hays at diazf@hoffman.army.mil.

Assignment Opportunities for Captains

Several officers have inquired about the criteria for the White House Nurse Position. Officers must have: (1) six years of active commissioned service (2) outstanding performance record (3) Critical Care and/or ER nursing experience for at least two years (4) currently serving in an ICU or ER position (5) pass a class III flight physical (6) meet Army weight and physical fitness standards (7) non-smoker. Frequent travel up to three weeks at a time is required and will impact personal and family life. If interested please notify your Chief Nurse and then contact MAJ(P) Greta Krapohl at krapohl@hoffman.army.mil.

ARMY NURSE CORPS HISTORIAN

MAJ Jennifer L. Petersen

In January of this year, while attending Command and General Staff College I received word regarding my next assignment. Like many fellow nurse corps officers, I had dreams of a position within the Army Nurse Corps that would present me with an opportunity to directly affect the current war against terrorism with an assignment to a Forward Surgical Team or an Evacuation Hospital preparing to deploy. I was instead appointed to a very different position. I was assigned as the Army Nurse Corps Historian at the Office of Medical History, Office of the Surgeon General. Classmates, family and friends expressed their congratulations followed by "Just what will you do?" I was not sure how to answer their questions.

Six months later, I arrived to work at the Skyline Complex in Falls Church, VA. Several weeks into the job, I am defining for myself the role of Army Nurse Corps Historian. While only skimming the surface of the archives, I have become totally enthralled and engrossed with the rich heritage that the Army Nurse Corps heralds. During the past fourteen years of my career as a clinical nurse and later a family nurse practitioner, I have been exposed to bits and pieces of our heritage. However, with this assignment as the historian, the combined gathered data of the experiences of one hundred and one plus years of service by the members of the Army Nurse Corps to our country has been placed in my lap. To say the least, it is amazing what has been captured historically. Our history is intriguingly overwhelming. We stand proud.

The Army Nurse Corps archives contains a marvelous collection of documents, uniforms, insignia and artifacts that give evidence of our rich and astonishing past. Clara Barton's Red Cross pin given to LTC Florence Blanchfield, the handwritten notes from the head nurse of a Field Hospital serving in France during WWI, a multitude of black and white photographs from the Korean and Vietnam War eras are just a few of the items found in our collection. There exists multiple works that document our history to include *A History of the U.S. Army Nurse Corps* by COL (Ret) Mary T. Sarnecky and *We Band of Angels* by Elizabeth M. Norman. These works provide members of the Army Nurse Corps with a historical framework and a professional identity. They inspire us, motivate us and give us the encouragement to deal with both the mundane issues of our profession and the distressing situations. Understanding and identifying with our professional past provides us with an additional weapon for future battles. As COL(Ret) Mary Sarnecky states in the preface of her book *A History of the U.S. Army Nurse Corps*, "The history of the Army Nurse Corps should remind us of the importance of the past, which has determined the present and will continue to affect the future."

I want to share with fellow nurse corps officers two lessons that I have learned in the brief time I have spent in this office. First, take a moment to meet the nurses who have gone before us. Their experiences, actions and words relay tremendous wisdom and strength. Read about our history. Secondly, capture the events of today. Keep journals on deployments. Take photographs of training, deployments and day-to-day occurrences. Gather data on units. Each day we are creating tomorrow's history. It is our obligation to capture it. It will be with pride that we present it. I ask for your assistance with this mission. As in the past, our nation continues to be confronted with situations that place members of the Army Nurse Corps in positions that will create tomorrow's history. Take a moment to document these experiences for the future. As the ANC historian, I am challenged to capture Army Nurse Corps history for future generations. With your help, we can continue on with our great heritage by documenting our role as nurses in the current war against terrorism. We can continue to learn more about our rich history. We must assist all members past, present and future to participate in the challenge. The continual capture of significant events occurring within the ANC will ensure that our legacy is

preserved. I look forward to this challenge and challenge all ANC's to invest in the future by learning about our past and documenting our present.

The Office of Medical History and the ANC Historian has been extremely involved with the documentation of Operation Noble Eagle and Operation Enduring Freedom. Over one hundred oral histories of medical related personnel have been completed regarding these actions. Please send the names and a phone numbers via email of personnel who have participated and still need to be interviewed. Copies of documents, photographs, etc should be sent to the ANC Historian at the Office of the Medical History, OTSG for incorporation in our collection.

I have only had time to barely scratch the surface of the work of the Army Nurse Corps Historian, but to those people who asked, "Just what.....," I can answer that I am helping to bring the past to the present so that we, the members of the Army Nurse Corps, can move with assurance and pride into the future.

MATERNAL CHILD HEALTH CONSULTANT **LTC Ramona Fiorey**

All of us strive to remain abreast of current issues and research in the Women's Health arena in addition to our daily duties. A wonderful resource for this is the Office on Women's Health in the U.S. Department of Health and Human Services. The National Women's Health Information Center has a wealth of information that is useful to health care providers as well as laywomen. You can subscribe to the newsletter "Healthy Women Today" online and receive it via e-mail. The newsletter is packed with information and links to additional useful sites. You can also order "Health For the Home Front", Women's Health Weekly Organizer for 2003 and a single copy of "A Lifetime to Good Health, Your Guide to Staying Healthy" by calling 1-800-994-9662. Both are free of charge.

The "Lifetime of Good Health" is a very nice comprehensive booklet that is easy to read and informative. It takes 2-3 weeks to receive. The planners will be mailed toward the end of this year. Both of these would be excellent recommendations for patients to order. The site also posts current news on FDA recommendations, policy development and hot topics of legislation in Congress. So bookmark this site and the next time you have a few minutes to spare, visit the site at www.4woman.gov. It is well worth the time.

Another useful publication is "Women's Health Highlights," published by the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. It offers a synopsis of recent research in Women's Health and provides the references of studies. It's a "down and dirty" look at what topics are being given research emphasis. More information about AHRQ, including funding opportunities, can be found at the website www.ahrq.gov/.

AWHONN has published a new monograph, "Newborn Physiological and Developmental Transitions: Integrating Key Components of Perinatal and Neonatal Assessment". It is very well written and the format is in a chart form that makes it very easy and meaningful to use. Information includes maternal factors, potential effects on the fetus or infant, clinical conditions to assess for in the infant, and discharge considerations. There is also a section on behavioral transition to extrauterine life. It's available at AWHONN.org from the bookstore for \$10. This would make a great unit reference.

An FDA Health Alert has been issued related to patient exposure to Di(2-ethylhexyl)phthalate (DEHP), which is released from Polyvinyl chloride (PVC) in medical devices. PVC is used to increase flexibility in many medical devices such as IV /blood/enteral feeding bags and tubing, umbilical artery catheters, NG tubes, and tubing used in ECMO and hemodialysis. DEHP can leach out of plastic medical devices into solutions that come into contact with the plastic. One of the greatest concerns is the potential effect on development of the male reproductive system and production of normal sperm in young animals. No reports of adverse effects on humans have been made, but no studies have been conducted to rule them out. Specific procedures have been identified as posing the highest risk of exposure to DEHP. These are largely those associated with extensive or repeated use, such as high cumulative exposure in neonates, and hemodialysis and massive blood infusion in pregnant women. The FDA recommends the use of devices that do not contain DEHP in high-risk procedures performed on male neonates, pregnant women who are carrying male fetuses, and peripubertal males. The source given in the alert to identify alternative devices is associated with the University of Massachusetts Lowell at www.sustainablehospitals.org.

Finally, the ACOG/AWHONN Armed Forces District Conference is set for October 19-22 in Honolulu, HI. The call for papers for presentation at the conference has been issued. Instructions for submission can be obtained through the AWHONN website at the AFD site or by emailing Jodi.Boocks@haw.tamc.amedd.army.mil. Submissions for papers will be accepted through September 10. Also, the AFD Army AWHONN Section will be sponsoring one junior officer to attend the conference this year. Head Nurses and Supervisors of OB/GYN units are urged to submit the names of candidates to LTC Vicki Ransom, the Section Chair. She can be reached on Outlook or at 202-782-7174. Candidates need to be a current member of AWHONN.

DIRECTOR OF HEALTH PROMOTION AND WELLNESS, USACHPPM
COL Gemryl L. Samuels

The Fifth Annual Force Health Protection Conference and the Second Annual DOD Population Health and Health Promotion Conference will be held jointly, **9 – 16 August 2002**, at the Baltimore Convention Center at the inner Harbor in Baltimore, MD. The theme for the joint conference is "Adapting to a

Changing Global Environment." USACHPPM is hosting both conferences.

The core conference begins on 12 August and includes both plenary and breakout sessions designed to provide an exchange of information that has a wide application within the DOD community in the areas of homeland security, environmental health, population health, complementary and alternative medicine, behavioral health, veterinary medicine, medical research and development, injury prevention, nutrition, and spiritual health. There is no registration fee!

POC: LTC Michael Custer, Director, DSN 584-4656, 410-436-4656 or 1-800-222-9698 or Ms. Jane Gervasoni, Deputy Director, DSN 584-5091, or 1-800-222-9698. Conference information and registration can be found at <http://chppm-www.apgea.army.mil/fhp>.

DEPARTMENT OF COMBAT MEDIC TRAINING
Sustainment For The 91W MOS
CPT Susan R. Gartung

The Department of Combat Medic Training's mission is to "provide the Army with highly motivated, disciplined, warrior spirit Health Care Specialists at the 10 and 30 level, who are National Registry EMT-B certified, possessing the additional necessary medical skills to sustain the force, survive the battlefield, and survive the mission." Once these soldiers complete their Initial Entry Training and are awarded their 91W MOS, their certification and skills must be sustained in order for them to remain MOS qualified. Failure to do so will result in non-MOS qualification and may lead to mandatory reclassification or separation. This article provides a basic overview of the requirements the 91W must meet to remain MOS qualified.

National Registry of Emergency Medical Technicians – Basic (NREMT-B) Certification

The NREMT-B certification must be renewed every two years. This requires completion and verification of continuing education hours and submission of a re-registration form and fee to the National Registry.

To renew NREMT-B registration:

The applicant must complete a U.S Army or State approved National Standard EMT-B refresher course. The course must contain a minimum of 24 hours of didactic content and 16 of those hours must include the 6 following modules:

| | |
|----------------------------------|---------|
| Preparatory | 1 hour |
| Airway | 2 hours |
| Patient Assessment | 3 hours |
| Medical/Behavioral | 4 hours |
| Trauma | 4 hours |
| Obstetrics, Infants and Children | 2 hours |

The remaining 8 elective hours must reflect subject matter included in the 1994 EMT-Basic National Standard Curriculum.

OR

The applicant may complete the refresher continuing education requirement through approved continuing education equivalency. A maximum of 10 hours of this requirement may be completed through approved distance learning continuing education.

AND

The soldier must maintain non-interrupted CPR certification throughout the reregistration period. Regardless of the teaching agency, CPR certification must adhere to the American Heart Association guidelines and be equivalent to Basic Life Support for Health Care Providers.

AND

The soldier must complete 48 additional hours of Continuing Education, subject to the limitations of the NREMT. Consult the NREMT website at: www.nremt.org for a listing of these limitations. These hours can be satisfied using subject matter covered in any National Standard EMT-Basic Course or higher. Approved distance learning courses can also be used to fulfill a maximum of 24 hours. The US Army EMT Program Manager has approved tasks from the 91B/91W Soldier Training Publications that will be accepted for continuing education credit by the National Registry of Emergency Medical Technicians. For more information, please consult the 91W website at: www.cs.amedd.army.mil/91w

AND

The soldier must demonstrate EMT-Basic Skill Maintenance. Verification of skill maintenance can be accomplished by the Training Officer, Training NCO or Physician Medical Director. The following is a list of the minimum skills that must be verified to re-register:

Patient Assessment/Management: Medical and Trauma
Ventilatory Management Skills/Knowledge:

- Simple Adjuncts
- Supplemental Oxygen Delivery
- Bag-Valve Mask (one and two rescuer)

Cardiac Arrest Management
Hemorrhage Control and Splinting Procedures
Spinal Immobilization

- Seated and Lying Patients

OB/GYN Skills/Knowledge

Other Related Skills/Knowledge

- Radio Communications
- Report Writing and Documentation

AND

The soldier must complete all continuing education requirements outlined above prior to the March expiration date and complete the official re-registration report with the appropriate signatures, verification and a \$10.00 fee.

Semi-Annual Combat Medic Skills Validation Test (SACMS-VT)

The Army Surgeon General has directed that all 91W Health Care Specialists must validate skills proficiency at least twice a year, with a minimum of 4 months separating recorded events. The skills verification is based on portions of the National Registry of Emergency Medical Technicians Practical Examination for the EMT-Basic, Intermediate, and

Paramedic, and has been organized to test multiple skills to sustain critical tasks. The SACMS-VT documents the 91W's proficiency on critical skills and specifies how to train (Tables I-VII) and test (Table VIII) the 91W's medical skills to ensure sustainment and medical readiness. Training undertaken to prepare soldiers for this test may also fulfill NREMT-B Continuing Education requirements, and the skills validation testing can also be used for NREMT-B skills verification. Training Circular 8-800 is available on the General Dennis J. Reimer Training and Doctrine Digital Library. The Department of Training Support, AMEDD Center and School is the proponent for this publication.

MODS 91W Tracking Module

MODS is the system that is used to track transition courses, continuing education hours, certifications and skills verification examinations for all soldiers transitioning to or currently holding the 91W MOS. Therefore, it is imperative that all sustainment training be entered into this database. MODS is the system that is used to track this throughout the Army, and can be accessed at the following website: <http://www.mods.army.mil>

The processes and procedures that have been outlined in this article have been put in place to ensure that the 91W Health Care Specialist maintain the knowledge and skills needed to sustain the force, save lives and accomplish the mission. Sustainment training is the mechanism in place to ensure this is accomplished. The 91W website, www.cs.amedd.army.mil/91w, is a valuable resource that provides a variety of information, to include; continuing education, distance learning, National Registry of Emergency Medical Technicians requirements and resources, and various medical training resources. Additional information can also be obtained by contacting Mr. James B. Miller, NREMT-P, US Army EMT Program Manager at DSN 210-221-5214, or COM 210-221-5214.

My thanks to Mr. James B. Miller for his assistance with this article.

CLINICAL PRACTICE GUIDELINE UPDATE

Depression Guideline Commences

Pamala W. Farris, RNC, MA, CCM

The Major Depressive Disorder Clinical Practice Guideline, a joint initiative between the Veterans Affairs (VA) and the Departments of Defense (DoD) is scheduled for facility-wide implementation in September 2002. To kick-off the behavioral health program, a two-hour live satellite broadcast will take place on September 4th from 1300 to 1500 hours EST. A panel of VA/DoD experts, including the guideline champions will present an overview of the major depressive guideline. An opportunity for the audience to call in during the broadcast and ask specific questions will be included.

The goal of guideline implementation is to improve the quality of care in patients who present to the primary care clinic with symptoms of depression. Improvements in detection, diagnosis and management of this disorder are targeted. In

**INFECTION CONTROL CONSULTANT'S
CORNER**

Jane Pool, RN, MS, CIC

May 2000, a 34-member group from the military services and the VA worked to craft the guidelines, with input from primary care physicians, psychiatrists, nurses, physician assistants, chaplains and pharmacy professionals. The resulting products were the result of an exhaustive search of evidence-based guideline literature. In February 2001, the MEDCOM Quality Management Directorate piloted a yearlong depression guideline implementation at five Army Military Treatment Facilities (MTFs). These sites, approved by the respective regional and MTF commanders were Tripler Army Medical Center, Walter Reed Army Medical Center, DeWitt Army Community Hospital, and Ireland Army Community Hospital. Madigan Army Medical Center participated on an informal basis. The piloted provider education materials were then "fine-tuned" from staff input and developed into final documents.

To help busy primary care providers implement the depression guideline, all provider resource materials and patient education materials are contained in a canvas toolkit bag. The toolkit, packaged as a behavioral health bundle, also contains the Substance Use Disorder Guideline with relevant materials and a Suicide Prevention Binder with information and resources concerning suicide recognition, prevention and treatment in addition to the depression materials. Providers are encouraged to place the provider reference cards in their offices and to familiarize themselves with the other various resources. The Major Depressive Disorder Toolkit bag will be mailed to MTFs in August, prior to the guideline satellite broadcast in September. Additional materials may be reordered directly from MEDCOM at no charge to the facility.

The VA/DoD program puts plenty of emphasis on the patient's share of the guideline process. Throughout treatment, individuals are encouraged to use a unique "patient self-management action plan," a folder that helps them manage their treatment and work closely with their primary care provider. This document allows the patient to track his or her symptoms of depression, monitor medication side effects, devise a safety plan, keep up with appointments and record their provider's instructions. Patient and family education, an essential guideline tool, is provided through a depression brochure, a video and a CD-ROM on depression.

A key companion piece to the guideline is a system to measure guideline effectiveness including providers screening for depression, diagnosing depression, treating depression with antidepressant medication or psychotherapy, and outcomes assessment.

Additional information on the Major Depressive Disorder Clinical Practice Guideline and other guidelines may be obtained from the MEDCOM Quality Management Web Site at: www.cs.amedd.army.mil/qmo.

I was privileged to be a guest speaker at the first annual 2002 Summer Institute on Evidence-Based Practice: "*Best Practice: Basics and Beyond*" held last week at the Menger Hotel, San Antonio, Texas. This conference was the result of a collaborative effort by nurse researchers, educators and executives from the University of Texas Health Science Center (UTHSCSA), the VA, and US Army and US Air Force. The conference was sponsored by the Academic Center for Evidence Based Practice (ACE) at the UTHSCSA. In January 2000, ACE was established as a center of excellence - dedicated to bridging research into practice. This is done through collaboration with several evidence-based practice (EBP) entities at the South Texas Veterans Health Care System, an Agency for Healthcare Research and Quality Evidence-Based Practice Center, a Cochrane Collaboration Center (global network), and the VA's center of excellence for evidence-based practice (VERDICT). To learn more about ACE, visit their web site at: <http://www.acestar.uthscsa.edu>.

The conference focused on teaching participants the basic concepts of EBP to include evidence synthesis, translation, implementation and impact evaluation of clinical practice. Each attendee was given the opportunity and assistance with developing an action plan for implementation at their home institution, to incorporate EBP in a variety of professional roles and settings. Interactive breakout sessions, case studies, poster sessions, exhibits, and roundtable luncheon discussions served to maximize participant's exposure to EB. Ideas blossomed as attendees plotted ways to integrate EBP into their area of expertise or practice.

I was impressed with the diverse variety of nursing specialties that were represented. There were nurse clinicians, staff, advanced practice, researchers, educators, infection control, administrators, and quality managers - all who make up the system that serves to shape healthcare services. There was even thought-provoking discussion about the recommendation to change the term "Nurse Researcher" to "Specialist for EBP."

In the keynote address, Professor Trevor A. Shelton, Director, Health Studies at the University of York, urged nurses to collaborate with their colleagues to identify common clinical uncertainties and then "frame them as answerable, searchable questions." Not every one has to be an advanced researcher - but all nurses must be proficient in efficiently finding, appraising and using the research conducted by others in the field. The take home message was clear- with quality of care, cost control, and patient outcomes as national concerns, nurses can maximize clinical effectiveness through fuller use of scientific evidence in practice.

Kathleen R. Stevens, RN, EdD, FAAN, explained the ACE star model. This new model is designed to provide a framework for organizing EBP processes and approaches.

The stages are organized along the lines of the 5 points of the ACE Star Model, signifying the relationships between various stages of transformation, as new knowledge is moved into practice. The points include: **discovery** (original research), **evidence summary** (synthesis), **translation** (guideline development), **implementation** (practice change) and **evaluation**.

Participants were charged with developing an action plan based on one of these four roles: practice, education, research, or administration/quality improvement. The Institute will be contacting attendees in 3 months for a follow-up on their plan. Want to learn more?

<http://www.acestar.uthscsa.edu/Goals/model1325.html>.

Clinical Practice Guidelines--Translating Research into Practice was presented by Kathy Dolter, PhD, LTC, Chief, Outcomes Management & Practice Guideline Project Officer, Quality Management at MEDCOM. She captured our attention by her opening reference to Winnie the Pooh and Christopher Robin who drags the poor Pooh down the stairs, bumping his head on every step. Pooh sighs, "If there was only a better way - But I just can't think of it now because of all the bumping!" Sound familiar? "*But we've always done it that way...*" LTC Dolter discussed strategies for translating and implementing EBP knowledge into clinical decision-making and reviewed the DoD/VA partnerships that are developing clinical practice guidelines designed to achieve system-wide improvement. She discussed changes designed to improve care by reducing variation in practice and systematizing "best practices." Examples included creating Provider Reminders in the form of Exam Room Cards and Primary Care and Specialty Care Pocket Cards. She emphasized the Army Practice Guideline Implementation Plan: "Making the best way the easiest way!" Two excellent sites that were listed as reference are:

<http://www.cs.amedd.army.mil/qmo/> and <http://www.oqp.med.va.gov>.

Carolyn M. Clancy, MD, Director of the Center for Outcomes and Effectiveness Research, Agency for Healthcare Research and Quality (AHRQ) presented the closing speech and addressed EBP as the "*New Face of Healthcare Quality*". She explored emerging directions in EBP. Currently, AHRQ is funding projects to define indicators that measure quality associated with various processes of patient care. Hospital data that is already generated and available will be used. For example, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management.

The opportunities to incorporate EBP with your facility's patient safety program are boundless and untapped. Now is the time to get started. The first step in conducting EBP change is to identify a clinical problem that may require a significant change in practice. For example, contaminated blood cultures can lead to wasted hospital dollars for an unnecessary admission and incorrect diagnosis; needless

exposure to antibiotics that may lead to resistance; and a delay in receiving the effective treatment. To begin a search for a way to reduce contaminated blood cultures, you first develop a problem statement. The next step is writing a description of the evidence used to address the problem and method used to obtain and appraise evidence. This details the types of literature searches to be conducted and details the quality and quantity of the search. What did you discover from your searching? Often, the research is inconclusive, and more study is needed. Strategic planning is next - the plan or strategy for developing the written practice guidelines based on your analysis of the data reviewed followed by a description of how the practice change will be made. Implement the change. Prepare an evaluation of the impact of the change, including the methodology and the end results. Finally, analyze the lessons learned and make recommendations for the future.

Contact your MTF infection control officer and talk with them about practice changes they would like to initiate. The infection control professional frequently conducts literature searches to seek evidence-based answers to specific practice questions as well as to stay abreast in the field and provide knowledgeable consultative services to the healthcare team. Many of us are anxious to begin implementing new EBPs that we have garnered from international conferences, CDC Guidelines, professional organizations and our peers. Examples include: the use of alcohol hand hygiene; waterless, scrubless, surgical hand preps; extension of peripheral IV dwell times to 96 hours; implementation of recommendations from the CDC regarding banning artificial nails from those providing patient care; and the use of a (finally FDA approved) CHG and alcohol product for skin prep for IV and central line starts, as well as, blood culturing.

Two excellent articles I would recommend are: "*Preventing Nosocomial Pneumonia: EBP*", written by COL Janet Harris, Chief, Nursing Research, WRAMC, and LTC Thomas H. Miller - published in *Critical Care Nurse*, Vol 20, No 1, Feb 2000 and "*Searching the Healthcare Literature Efficiently: From clinical decision-making to continuing education*" written by Drs. Shojania and Olmsted and published in the *American Journal of Infection Control (AJIC)* Vol. 30 (3) May 2002.

Effective January 1, 2003, MTFs will be evaluated for compliance with the following five National Patient Safety Goals and Recommendations as set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO): patient identity; miscommunication among caregivers; wrong-site surgery; infusion pumps; medication mix-ups; and clinical alarm systems. Clear, evidence-based recommendations exist for each of these. "The know-how to prevent these errors exists," says Dennis S. O'Leary, M.D., President, JCAHO. "We now need to focus on making sure that health care organizations are actually taking these preventive steps." The relevance and timeliness of conducting systematic reviews in developing best practice is clear. The field is wide open for innovative new approaches for integrating evidence-

based practice into healthcare education and research. Just do it! You may think you are not an expert in information management or conducting a literature search for clinical evidence, but many resources in the military surround you. Do you know your facility's password for access to OVID? *What's OVID?* A online vendor of many different databases that provides the full text of periodicals, available to you in your hospital library.

135th FST Nurses Make History CPT Randall Dixon

Last month in the Joint Security Area (JSA) near the Demilitarized Zone (DMZ) in South Korea, nurses, physicians and medics from the 135th Forward Surgical Team (FST) conducted the first live surgery exercise at Camp Bonifas, South Korea. Setting up in a far-forward area, the FST displayed its ability to deploy anytime.

The three-day event started with the sling loading of equipment from Camp Colbern to a landing zone near Warrior Base. Chinook helicopters lifted four humvees and trailers from the 2/52 AVN BN. Upon arrival in the north, and located only 400 meters from the southern boundary of the DMZ, the team quickly established the field hospital. North Korean propaganda music blared into the compound through the night.

Three soldiers stationed in Korea volunteered to have their elective surgeries (two general surgeries and one orthopedic case) performed in the field environment. The patients flew from the 121 General Hospital in Seoul via Blackhawks from the 542nd Air Ambulance Company. At the helipad at Camp Bonifas, the JSA medics off-loaded the patients and transported them to the FST in field ambulances. Staff prepared patients in the trauma/triage section of the FST and moved them to the OR where CRNA's administered local and spinal anesthesia. Upon case completion, the post-anesthesia care unit nurses ensured the patients safe recovery prior to their return flight to the 121st General Hospital.



MAJ Judith Bock, CRNA

The second portion of the exercise provided the 135th soldiers a chance to share their skills with the JSA medics. Soldiers taught classes on treatment, stabilization and preparation of spinal and extremity injuries for evacuation. The JSA medics and PA took the team on a private tour of the DMZ. The team

learned the history of the Korean War and the role the US plays today in preserving peace during armistice. With an armed escort, the team toured the UN compound at Panmunjom, the Military Demarcation Line, and crossed into North Korea.

The exercise provided valuable training in a unique environment. It once again proved the 135th FST motto: "Provide Rapidly Deployable Immediate Surgical Capability."

NEWS FROM AROUND THE AMEDD

Historian Office Change

The Office of the Army Nurse Corps wants to say farewell to Major Debora Cox and thank her for the great job she performed as the ANC Historian for the past 2 ½ years. We wish her well in her new assignment as evening and night supervisor at Walter Reed Army Medical Center. We also welcome aboard Major Jennifer Petersen, the new ANC Historian, who prior to completing CGSC in residence, was the OIC of Camp Walker in Taegu, Korea.

ANC Strategic Issues Conference

The Strategic Issues Conference is **9-12 September** in San Antonio, Texas. Welcome letters were sent in late June to invitees. The POC is LTC Yolanda Ruiz-Isales, Yolanda-Ruiz-Isales@amedd.army.mil, at (210) 221-6659 for further information.

AMSUS 2002 Conference

The 108th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) is in Louisville, Kentucky **10 - 15 November 2002**. The poster sessions will be held Monday, 11 November 2002.

Chief, Army Nurse Corps Award of Excellence Award Announcement

The nominations from chief nurses for the Chief, Army Nurse Corps Award of Excellence for Junior Officers are due **NLT 3 SEP 02** to MAJ Laura Feider. No exceptions to this date will be allowed. The MOI and nomination sample were distributed via email in late MAY 02 to the chief nurses. Please email or call MAJ Feider (210) 221-6221 for further clarifications. The MOI and sample nomination write-ups are posted on the ANC Web page, click on "professional development". **The COL (Ret) CJ Reddy Junior Officer Leadership Conference is 9 - 12 DEC in Washington, D.C.** The POC for the conference is LTC Kelly Wolgast, kelly.wolgast@belvoir.army.mil, (703) 806-3027.

Military Order of the Purple Heart Annual Memorial Service

The Military Order of the Purple Heart, a veteran's organization comprised of recipients of the Purple Heart Medal, will hold its annual Memorial Service honoring Wartime Nurses at the Nurses Memorial, Arlington Cemetery at **2:00 pm on Friday September 13, 2002**. This annual memorial service gives our National Officers and members of Military Order of the Purple Heart the opportunity to recognize the nurses who are instrumental in caring for our wounded service members.

The Nurses Memorial is located in Section 21 of Arlington Cemetery, which is just west of the Amphitheater on Porter Drive. Seating will be available. Please notify Joyce Beene, Executive Assistant, at (703) 642-5360 if you plan to attend.

16th Annual Pacific Nursing Research Conference Call for Abstracts

The 16th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawai'i at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. Nurses are invited to submit abstracts for poster or podium presentation for the conference to be held at the Hilton Hawaiian Village in Honolulu, Hawaii, **March 7 and 8, 2003**. The POC is LTC Hyacinth Joseph at (808) 433-2753. See page 12 & 13 for the abstract guidelines.



Congratulations SFC Jon LeClair, Senior Clinical NCO at Evans Army Community Hospital, Ft. Carson, who recently earned the coveted Expert Field Medical Badge! **HOOAH** to him!

The **Dr. Anita Newcomb McGee Award** recognizes professional and military nursing excellence and is sponsored annually by the Daughters of the American Revolution (DAR). The DAR initiated this award in 1967, which was presented on 6 July at the DAR Continental Congress in Washington, D.C. at Constitution Hall. **Congratulations** to this year's winner, **LTC(P) Laura Brosch**, Chief Nursing Research Services at Walter Reed Army Medical Center and Nursing Research Consultant to OTSG. You may read more about the award winner at http://www.dcmilitary.com/army/stripe/7_28/local_news/18137-1.html

Congratulations to Colonel Deborah Gustke, Assistant Chief, ANC and **LTC Ellen Forster**, AN Staff Officer, for earning National Board Certification for Nursing Administration.

Congratulations to MAJ(P) Petra Goodman, a PhD Candidate, at the University of South Carolina who received funding of \$12,369 from TSNRP for her dissertation research project entitled "A Test of a Model of Care Seeking in Military Women."

Congratulations to LTC Deborah J. Kenny, AN, PhD who successfully defended her doctoral dissertation on 22 July 2002 at the University of Massachusetts, Amherst! Dr. Kenney's dissertation was entitled "Research Utilization of Registered Nurses in US Army Hospitals." Her utilization assignment is at the Nursing Research Service at Walter Reed Army Medical Center.

Congratulations to MAJ Mona Bingham, AN, PhD who successfully defended her doctoral dissertation at the University of North Carolina, Chapel Hill on 31 July 2002. Dr. Bingham's Dissertation is entitled "Mediators and Moderators of the Effects of a Children's Heart Health Intervention." Her utilization assignment is at Madigan Army Medical Center.



SIXTEENTH ANNUAL PACIFIC NURSING RESEARCH CONFERENCE

"Weaving a Community of Scientific Inquiry and Practice"

March 7 & 8, 2003

Hilton Hawaiian Village (Waikiki) Honolulu, Hawaii USA

Call for Abstracts

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ABSTRACT SUBMISSION DEADLINE: 30 SEPTEMBER 2002

Presentation Formats

- Each PODIUM presentation will be 15-20 minutes in length
- The POSTER session will consist of visual displays

Abstract Requirements

- All research topics are welcome.
- Research must have been initiated and/or completed within the past five years.
- Research must be completed by the time of submission to be eligible for podium presentation.
- In-progress or completed research or projects are eligible for poster presentation.
- Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- Funding sources should be noted on the abstract.
- Clinical applications and projects are eligible for poster presentation.
- Abstracts must be received by deadline, **30 September 2002**
- Submit an original abstract as an e-mail attachment in MS Word or Wordperfect.

Selection of Abstracts

- A blinded-review of abstracts will be conducted by a committee.
- Selection will be based on clarity, logical consistency, and coherency of research.
- All abstracts will be reproduced in a book of proceedings. Submission implies approval to reprint the abstract in the proceedings book, and title and author on announcement of conference.
- Unless otherwise specified, the first author is expected to be present at the conference.
- Attendees are responsible for conference registration fees as well as travel and lodging costs.

Abstract Preparation

- Abstracts must be limited to a single page. Abstracts longer than one page will not be considered.
- Indicate on the author form whether abstract is to be considered for podium or poster presentation.
- Abstract must address the following areas:
 - Aims/objectives of the research
 - Theoretical framework (if applicable)

- ▯ Research design, study sample, methodology
- ▯ Statistical analysis
- ▯ Study findings
- ▯ Discussion and implications for nursing
- ▯ Funding sources should be noted on bottom of abstract.
- ▯ Margins set to 1 inch.
- ▯ Minimum font size is 12-point type.
- ▯ Study title centered at the top.
- ▯ Names of investigator(s) and institution(s) centered under the title.

Please specify author contact information on separate page:

1. Specify whether abstract is to be considered for poster or podium presentation.
2. Presenter Contact Information (Specify name, title, affiliation, address, phone and e-mail):

Name _____

Title _____

Affiliation _____

Address _____

Phone _____

e-mail _____

fax _____

3. Other authors (Name, title, affiliation, address, phone, and e-mail).
4. Two learning objectives, content outline for each objective and presenter's curriculum vitae **MUST** accompany each submission.

Please submit the original abstract with author contact information, two learning objectives, content outline for each objective and presenter's cv as an E-mail attachment in MS Word or Wordperfect to:

e-mail: patricia.wilhelm@haw.tamc.amedd.army.mil

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Notification of acceptance and further instructions will be sent no later than 30 November 2002.

For further information please contact:

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